

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032047

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

280

Primary Registration District No.

Registrar's No.

6-8

STATE FILE NUMBER

FILED AUG 23 1962

1. PLACE OF DEATH
a. COUNTY

Platte

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois COUNTY Cook

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Pettis Township

Length of stay in 1b
1 Day

c. CITY OR TOWN Chicago

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION One mile south of Farley, Missouri

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
2062 N. Damen Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Henry

Middle

Last Depa

4. DATE OF DEATH

Month August Day 8, Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-19-1919

9. AGE (last birthday)

43

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Sign Painter

10b. KIND OF BUSINESS OR INDUSTRY
Sign Company

11. BIRTHPLACE (City and state or country)
Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Joseph Depa

13b. MOTHER'S MAIDEN NAME

Joan Bienkowska

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)
Yes W. W. II

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Edward Depa 5020 West 130 St. Hawthorn, California

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL HEMORRHAGE

INTERVAL BETWEEN ONSET AND DEATH
5 MIN.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ALCOHOLISM-MALNUTRITION-OVEREXERTION

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

PETTIS TWP. PLATTE MO.

21. I attended the deceased from _____ to _____ and last saw her alive on _____.
Death occurred at APPROX. 1:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Roland M. Giffey, Coroner Platte City, Mo. 8-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

8-16-1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Fort Leavenworth, Kan.

24. FUNERAL DIRECTOR

ADDRESS

Tommy R. Rollins Platte City, Mo.

25. DATE RECD. BY LOCAL REG.

8-16-1962

26. REGISTRAR'S SIGNATURE

Uphiea Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

VS 300
Rev. 4/59
6830
28120
3
4 0
5 0
6
7 1
8 2
93222
10
11
1291-3
131-0

MAY 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lammy F. Perkins

Licensed Embalmer No. *5119*

P. O. Address

Plattsburgh, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. —

If this body is not embalmed, fact should be so stated above.